

<i>SERFF Tracking Number:</i>	<i>INMX-125688388</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>InsureMax Insurance Company</i>	<i>State Tracking Number:</i>	<i>#8600 \$25</i>
<i>Company Tracking Number:</i>	<i>16AR0608</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>AR Revision 6-08 Rule</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: InsureMax Insurance Company	SERFF Tr Num: INMX-125688388	State: Arkansas
Product Name: AR Revision 6-08 Rule	SERFF Status: Closed	State Tr Num: #8600 \$25
TOI: 19.0 Personal Auto	Co Tr Num: 16AR0608	State Status: Fees verified and received
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
Filing Type: Rule	Author: Jennifer Capozziello	Disposition Date: 06/16/2008
	Date Submitted: 06/13/2008	Disposition Status: Filed
Effective Date Requested (New): 07/07/2008		Effective Date (New): 07/07/2008
Effective Date Requested (Renewal): 07/07/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/16/2008	
State Status Changed: 06/16/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are filing a rule revision to our Arkansas Private Passenger Automobile Program. This revision contains pages 3 and 12 of our Underwriting Guidelines deleting the statements that "cancellations for non-payment of premium will be considered insured's request and will incur a cancellation fee".

We cordially request an effective date of July 7, 2008 for new and renewal business.

Please contact me directly at (877) 858-4100 ext. 277 with any questions regarding this filing.

SERFF Tracking Number:	INMX-125688388	State:	Arkansas
Filing Company:	InsureMax Insurance Company	State Tracking Number:	#8600 \$25
Company Tracking Number:	16AR0608		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	AR Revision 6-08 Rule		
Project Name/Number:	/		

Sincerely,

Jennifer Capozziello

Product Analyst

Company and Contact

Filing Contact Information

Jennifer Capozziello, Product Analyst

4976 SR 261

Newburgh, IN 47630

jcapozziello@insuremax.net

(812) 858-4100 [Phone]

(812) 858-4124[FAX]

Filing Company Information

InsureMax Insurance Company

4976 SR 261

PO Box 607

Newburgh, IN 47630

(812) 858-4100 ext. 277[Phone]

CoCode: 10922

Group Code:

Group Name:

FEIN Number: 35-2042563

State of Domicile: Indiana

Company Type:

State ID Number:

Filing Fees

Fee Required? Yes

Fee Amount: \$25.00

Retaliatory? No

Fee Explanation:

Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
8600	\$25.00	06/11/2008

<i>SERFF Tracking Number:</i>	<i>INMX-125688388</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	06/16/2008	06/16/2008

SERFF Tracking Number: *INMX-125688388*

State: *Arkansas*

Filing Company: *InsureMax Insurance Company*

State Tracking Number: *#8600 \$25*

Company Tracking Number: *16AR0608*

TOI: *19.0 Personal Auto*

Sub-TOI: *19.0001 Private Passenger Auto (PPA)*

Product Name: *AR Revision 6-08 Rule*

Project Name/Number: */*

Disposition

Disposition Date: 06/16/2008

Effective Date (New): 07/07/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	INMX-125688388	State:	Arkansas
Filing Company:	InsureMax Insurance Company	State Tracking Number:	#8600 \$25
Company Tracking Number:	16AR0608		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	AR Revision 6-08 Rule		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate	Underwriting Guidelines	Filed	Yes

SERFF Tracking Number: INMX-125688388

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8600 \$25

Company Tracking Number: 16AR0608

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Revision 6-08 Rule

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	INMX-125688388	State:	Arkansas
Filing Company:	InsureMax Insurance Company	State Tracking Number:	#8600 \$25
Company Tracking Number:	16AR0608		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	AR Revision 6-08 Rule		
Project Name/Number:	/		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Underwriting Guidelines	pages 3 and 12	Replacement	08AR0108, 11AR0208 AR UWG 0608 pg 3, 12.pdf

FEES

FEES

All fees are fully earned and are excluded from written and collected premium calculations used to determine commissions.

Fee Type	Amount	When Applied
Policy Fee	\$10	Charged at policy inception, at renewal, and for each rewritten policy. For new business, it must be collected with the down payment. It is fully earned upon issuance of the policy except for company cancellations where it will be returned pro-rata.
Direct Bill Fee	\$8	Included in each installment bill for direct billing.
AutoPay Billing Fee	\$5	Included in each installment bill for any policy using the AutoPay Plan.
Insured NSF Fee	\$25	Charged to insureds for payments returned by our bank for non-sufficient funds.
Agency NSF Fee	\$25	Charged to any agency for payments or uploads returned by our bank for non-sufficient funds.
Reinstatement Fee	\$5	Applied to all policies reinstated or renewed with a lapse in coverage due to non-payment of premium.
Late Fee	\$8	Charged for all payments received more than ten (10) days after the due date.
Cancellation Fee	\$25	Charged if the insured requests cancellation of the policy. Non-payment to InsureMax or the agent is considered insured's request. This fee will not be charged if the named insured is deceased, is moving out-of-state, or is entering the military. Proper documentation must be submitted with the cancellation request in these cases.

CANCELLATIONS

1. Policies cannot be canceled flat unless the payer does not honor the insured's premium remittance. If the remittance is not honored, proof of this must be sent to the Company along with the cancellation request. The credit process can be expedited by entering information to www.insuremax.net and then sending proof of the returned payment.
2. If the Company receives the insured's written cancellation request, a cancellation fee will be charged. Any return of premium will be calculated on a pro-rata basis. The effective date of cancellation will be the later of the date signed by the insured or the date requested provided we receive the request within 72 hours. If there is a loss payee, a written release must also be received before the cancellation is effective. Otherwise, the Company will mail notice of cancellation and this notice will determine the cancellation date.

3. ~~Cancellations for non-payment of premium will be considered as insured's request and will incur a Cancellation Fee.~~
3. State law requires that the Company give legal notice for all policies with SR-22 filings unless proof of new coverage with a proper SR-22 filing is submitted.
4. Backdated cancellations are not permitted for any reason.
5. Refunds due will be mailed out in a reasonable amount of time, typically 2-3 weeks after the policy cancels for insured requested cancellations.

COMPANY-ISSUED CANCELLATIONS

Please contact the Company for specific information and payment amount needed to reinstate policies that have been cancelled for underwriting reasons.

REINSTATEMENTS

1. If the installment payment is not received when due, a cancellation notice will be sent after the due date. This will be the only notice before the policy cancels.
2. Payments sent to the Company after a policy has cancelled will be processed as follows:
 - a. Adequate payments postmarked or accepted by an agent within seven (7) days of the policy cancellation will be used to reinstate the policy as of the cancellation date when accompanied by a Continuous Coverage Reinstatement Request Form.
 - b. Without a Continuous Coverage Reinstatement Request Form, adequate payments postmarked or accepted by an agent within seven (7) days of the policy cancellation will be reinstated with a lapse in coverage. Coverage will be reinstated one day after the postmark on the payment envelope.
 - c. Adequate payments postmarked or accepted by an agent eight (8) to thirty (30) days after the policy cancellation will be used to reinstate the policy with a lapse in coverage. Coverage can be reinstated at the date and time of the payment when a Lapse-In-Coverage Reinstatement Request Form is signed. Otherwise, coverage is reinstated one day after the postmark date on the payment envelope.
 - d. Adequate payments received more than thirty (30) days after the policy cancellation will be used to rewrite the policy. A new policy number will be assigned and the current rates will be used to determine the premium amount. Discounts and surcharges may vary from the original policy.
 - e. After a policy has been cancelled for forty-five (45) days, a new application and down payment must be submitted to bind coverage. A new policy number will be assigned and the current rates will be used to

- determine the premium amount. Discounts and surcharges may vary from the original policy.
 - f. Installment payments received in the last twelve (12) days of a six-month policy term will be used to rewrite the policy.
3. The Company reserves the right to deny a request for reinstatement or rewrite depending on any adverse risk characteristics.

AUTOPAY PLAN REINSTATEMENT REQUIREMENTS

- Any policy using the AutoPay Plan that is cancelled or rescinded due to a payment not being honored by the financial institution must be rewritten or reinstated as a Direct Bill policy.
- After a Cancellation Notice has been issued for underwriting reasons, a policy can only be reinstated when:
 - The insured submits acceptable documentation for the missing underwriting information prior to the cancellation date and time.
 - The insured makes any payments due, including any applicable fees.
- Payments and information received after the cancellation date and time will be used to rewrite the policy.

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<i>Company Tracking Number:</i>	<i>16AR0608</i>		
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Supporting Document Schedules

Satisfied -Name:	A-1 Private Passenger Auto Abstract	Review Status: Filed	06/16/2008
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Comments:

Attachment:

Form A-1 0608.pdf

Satisfied -Name:	APCS-Auto Premium Comparison Survey	Review Status: Filed	06/16/2008
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Comments:

Attachments:

10922IDInsureMaxInsCo08Survey 06-30-08.pdf

10922IDInsureMaxInsCo08Survey 7-07-08.xls

Satisfied -Name:	NAIC loss cost data entry document	Review Status: Filed	06/16/2008
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Comments:

Attachment:

FORM RF-1 Rate Filing Abstract 0608.pdf

Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status: Filed	06/16/2008
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Bypass Reason: N/A

Comments:

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Filed	06/16/2008
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Comments:

Attachment:

Transmittal Document 0608 Rule.pdf

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable, so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name InsureMax Insurance Co.

NAIC # (including group #) 10922

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance? ☐ Yes ☒ No

If yes, list the areas: _____

2. Do you furnish a market for young drivers? ☒ Yes ☐ No

3. Do you require collateral business to support a youthful driver? ☐ Yes ☒ No

4. Do you insure drivers with an international or foreign driver's license? ☒ Yes ☐ No

5. Specify the percentage you allow in credit or discounts for the following:

- | | |
|----------------------------|------|
| a. Driver over 55 | 0 % |
| b. Good Student Discount | 0 % |
| c. Multi-car Discount | 25 % |
| d. Accident Free Discount* | 5 % |

Please Specify Qualification for Discount:

This is a Renewal Discount that requires the policy to be claim free (only applicable to those not receiving a discount for prior insurance coverage).

- | | |
|------------------------|-----|
| e. Anti-Theft Discount | 0 % |
|------------------------|-----|

- | | |
|--------------------|---|
| f. Other (specify) | % |
|--------------------|---|

Defensive Driver (age 55 and older and having completed a DD course) 5 %

College Graduate (Insured must be single, under the age of 25 with a GPA >=3.0) 5 %

Homeowner (Requires Declaration Sheet from Homeowners Policy) 5 %

Paid In Full (Requires Full Policy Term be paid in full at policy inception or renewal) 10 %

Prior Insurance 5 %

6. Do you have an installment payment plan for automobile insurance? ☒ Yes ☐ No
If so, what is the fee for installment payments? ***\$8 for Direct Bill, \$5 for AutoPay plans***

7. Does your company utilize a tiered rating plan? ☐ Yes ☒ No

If so, list the programs and percentage difference and current volume for each plan:

Program

Percentage Difference

Volume

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Jennifer Capozziello

Printed Name

Product Analyst

Title

877-858-4100 ext. 277

Telephone Number

jcapozziello@insuremax.net

Email address

FORM APCS - last modified August 2005

[illegible]

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<i>Project Name/Number:</i>	<i>/</i>		

Attachment "10922IDInsureMaxInsCo08Survey 7-07-08.xls" is not a PDF document and cannot be reproduced here.

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	16AR0608
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	
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	Company Name		Company NAIC Number
3.	A.	InsureMax Insurance Company	B. 10922

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	19.0 Personal Auto	B. 19.0001 Private Passenger Auto (PPA)

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
BI							
PD							
COMP							
COLL							
MP							
UM							
UMPD							
TOTAL OVERALL EFFECT		0%					

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	1,064	-.7%	6/18/07	255,393	138,778	78.26%	74.16%
2008	1,023	4.15	1/22/08	527,316	348,505	66.10%	69.31%
2008	1,111	1.45	2/26/08	340,585	150,592	69.02%	57.26%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. Apply Lost Cost Factors to Future filings? (Y or N)

9. 0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

10. 0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):

Property & Casualty Transmittal Document (Revised 1/1/06)**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3.	Group Name	Group NAIC #		
4.	Company Name(s)	Domicile	NAIC #	FEIN #

5.	Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7.	Signature of authorized filer	
8.	Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____
14.	Effective Date(s) Requested	New: _____ Renewal: _____

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Reference Organization (if applicable)		
17.	Reference Organization # & Title		
18.	Company's Date of Filing		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	
20.	This filing transmittal is part of Company Tracking #		

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-top: 80px;">Check #: Amount:</div> <div style="text-align: center; margin-top: 100px;">Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</div>	
***Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)	

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

[illegible]

Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing		
5b.	Effect of Rate Filing – Written premium change for this program		
5c.	Effect of Rate Filing – Number of policyholders affected		
6.	Overall percentage of last rate revision		
7.	Effective Date of last rate revision		
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)		
9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	